

# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10CR 22 05</b>	CRASH SEVERITY 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN <b>3</b>	PRIVATE PROPERTY X IF YES <input checked="" type="checkbox"/>	HIT/SKIP 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED <b>1</b>	PHOTOS TAKEN X IF YES <input checked="" type="checkbox"/>	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # <b>01313</b>	REPORTING AGENCY <b>WILLIAMSBURG POLICE DEPT</b>	# UNITS <b>1</b>	UNIT ERROR 98.ANIMAL 99.UNKNOWN <b>01</b>	DATE OF CRASH <b>5/16/2010</b>	

TIME OF CRASH <b>15:57</b>	DAY OF WEEK <b>SUN</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>WILLIAMSBURG</b>	COUNTY # <b>13</b>	LATITUDE <b>3903356688</b>	LONGITUDE <b>0840338829</b>
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CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX <b>N</b>	CRASH LOCATION <b>EIGHTH</b>	TYPE LOC <b>1</b>
1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE		

AT/REFERENCE	REFERENCE POINT USED						
DIST. REF.	DR	PREFIX	REFERENCE <b>000176</b>	REF POINT <b>04</b>	01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER	05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLACE NAME WITHOUT REFERENCE	09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>0</b>	NAME (LAST, FIRST, MIDDLE) <b>UNOCCUPIED PARKED W</b>
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)  
**176 NORTH EIGHTH STREET APT. 8 WILLIAMSBURG OH 45176**

SOCIAL SECURITY NUMBER	DATE OF BIRTH <b>11/18/1963</b>	AGE <b>46</b>	SEX <b>M</b>	HOME PHONE # <b>(513)348-7248</b>	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>RB148859</b>	LP STATE <b>OH</b>	LP # <b>515YDB</b>	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <b>1</b>	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME') <b>DOUGLAS W PENNY</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>176 NORTH EIGHTH STREET APT 8 WILLIAMSBURG OH 45176</b>
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YEAR <b>2001</b>	MAKE <b>DODGE</b>	MODEL <b>CARAVAN</b>	COLOR <b>TEAL</b>	INSURANCE COMPANY <b>GRANGE MUTUAL-K</b>	TOWING SERVICE	OWNER PHONE# <b>( ) 348-7248</b>
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> X IF YES
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<b>B</b>	UNIT #	# OF OCC	NAME (LAST, FIRST, MIDDLE)
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
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DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE	TRANSPORTED BY	INJURED TAKEN TO
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OWNER NAME (IF SAME, WRITE 'SAME')	OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE)
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YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE#
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OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE <input type="checkbox"/> X IF YES
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<b>C</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP-CODE)

<b>D</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE#	DATE OF BIRTH	AGE	SEX
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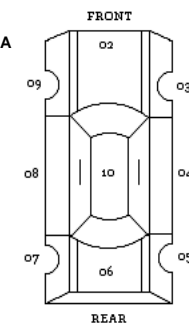
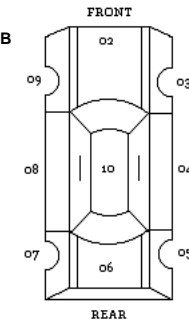
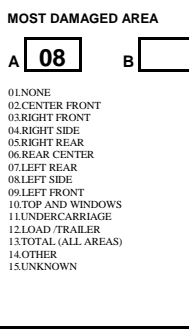
ADDRESS (STREET, CITY, STATE, ZIP-CODE)

SEATING POSITION 01.FRONT - LEFT (MC DRIVER) 02.FRONT - MIDDLE 03.FRONT - RIGHT 04.SECOND - LEFT (MC PASS) 05.SECOND - MIDDLE 06.SECOND - RIGHT 07.THIRD - LEFT (MC PASSENGER SIDE CAR) 08.THIRD - MIDDLE 09.THIRD - RIGHT 10.SLEEPER SECTION OF CAR 11.ENCLOSED CARGO AREA 12.UNENCLOSED CARGO AREA 13.TRAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN <b>A 15</b>	SAFETY EQUIPMENT MOTORIST 01.NONE USED 02.SHOULDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN <b>A 14</b>	AIR BAG 1.NOT DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN <b>A 1</b>	AIR BAG SWITCH 1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION <b>A 4</b>	EJECTION 1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN <b>A 1</b>	TRAPPED 1.NOT TRAPPED 2.EXTRICATED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN <b>A 1</b>	INJURIES 1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN <b>A 1</b>
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BLANK FOR WITNESS

SUPPLEMENT X IF YES

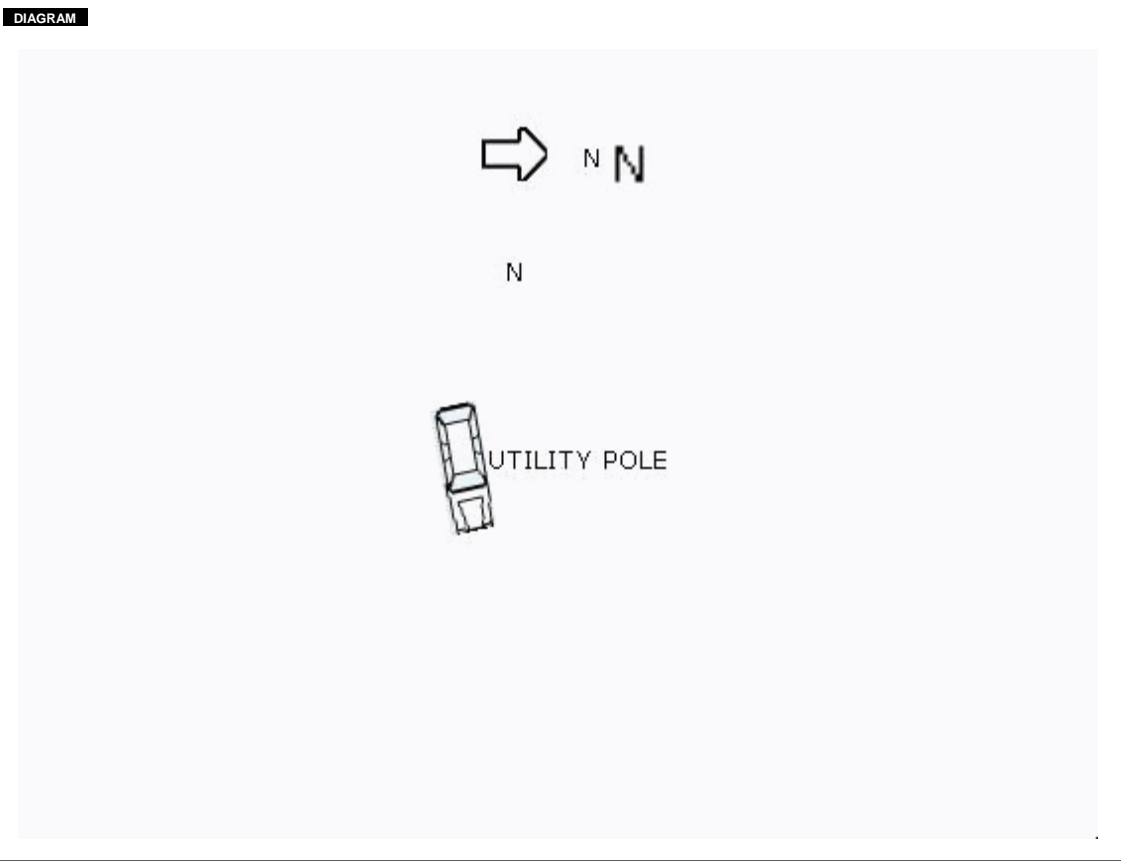
MOTORIST / NON-MOTORIST / OCCUPANT

<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="10"/> B <input type="text"/> <p><b>MOTORIST</b></p> 01.MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02.BACKING 03.CHANGING LANES 04.OVERTAKING/PASSING 05.TURNING RIGHT 06.TURNING LEFT 07.MAKING U-TURN 08.ENTERING TRAFFIC LANE 09.LEAVING TRAFFIC LANE 10.PARKED 11.SLOWING OR STOPPED IN TRAFFIC 12.DRIVERLESS 13.OTHER 14.UNKNOWN <b>NON-MOTORIST</b> 15.ENTRING OR CROSSING SPECIFIED LOCATION 16.WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17.WORKING 18.PUSHING VEHICLE 19.APPROACHING OR LEAVING VEHICLE 20.PLAYING OR WORKING ON VEHICLE 21.STANDING 22.OTHER 23.UNKNOWN	<b>SEQUENCE OF EVENTS</b> <table style="width:100%;"> <tr> <td style="width:50%;">A <input type="text" value="36"/></td> <td style="width:50%;">B <input type="text"/></td> </tr> <tr> <td>1 <input type="text"/></td> <td>1 <input type="text"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table> <p><b>NON-COLLISION</b></p> 01.OVERTURN/ROLL-OVER 02.FIRE/EXPLOSION 03.IMMERSION 04.JACKKNIFE 05.CARGO/EQUIPMENT LOSS OR SHIFT 06.EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07.SEPARATION OF UNITS 08.RAN OF ROAD RIGHT 09.RAN OFF ROAD LEFT 10.CROSS MEDIAN/CENTERLINE 11.DOWNHILL RUNAWAY 12.OTHER NON-COLLISION 13.UNKNOWN NON-COLLISION <b>COLLISION W/PERSON, VEHICLE, OR OBJECT - NOT FIXED</b> 14.PEDESTRIAN 15.PEDALCYCLE 16.RAILWAY VEHICLE (E.G. TRAIN, ENGINE) 17.ANIMAL - FARM 18.ANIMAL - DEER 19.ANIMAL - OTHER 20.MOTOR VEHICLE IN TRANSPORT 21.PARKED MOTOR VEHICLE 22.WORK ZONE MAINTENANCE EQUIPMENT 23.OTHER MOVABLE OBJECT 24.UNKNOWN MOVABLE OBJECT <b>COLLISION WITH FIXED OBJECT</b> 25.IMPACT ATTENUATOR/CRASH CUSHION 26.BRIDGE OVERHEAD STRUCTURE 27.BRIDGE PIER OR ABUTMENT 28.BRIDGE PARAPET 29.BRIDGE RAIL 30.GUARDRAIL FACE 31.GUARDRAIL END 32.MEDIAN BARRIER 33.HIGHWAY TRAFFIC SIGN POST 34.OVERHEAD SIGN POST 35.LIGHT/LUMINARIES SUPPORT 36.UTILITY POLE 37.OTHER POST, POLE OR SUPPORT 38.CULVERT 39.CURB 40.DITCH 41.EMBANKMENT 42.FENCE 43.MAILBOX 44.TREE 45.OTHER FIXED OBJECT(WALL, BUILDING, TUNNEL, ETC) 46.WORK ZONE MAINTENANCE EQUIPMENT 47.UNKNOWN FIXED OBJECT 48.OTHER 49.UNKNOWN	A <input type="text" value="36"/>	B <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	<b>POSTED SPEED</b> A <input type="text" value="5"/> B <input type="text"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> <p>1.NONE GIVEN  2.TEST REFUSED  3.TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4.TEST GIVEN, RESULTS KNOWN  5.GIVEN, RESULTS UNKNOWN  6.UNKNOWN</p>
A <input type="text" value="36"/>	B <input type="text"/>														
1 <input type="text"/>	1 <input type="text"/>														
2 <input type="text"/>	2 <input type="text"/>														
3 <input type="text"/>	3 <input type="text"/>														
4 <input type="text"/>	4 <input type="text"/>														
<b>NON-MOTORIST LOCATION</b> A <input type="text" value="11"/> B <input type="text"/> <p>01.MARKED CROSSWALK AT INTERSECTION  02.AT INTERSECTION BUT NO CROSSWALK  03.NON-INTERSECTION CROSSWALK  04.DRIVEWAY ACCESS CROSSWALK  05.IN ROADWAY  06.NOT IN ROADWAY  07.MEDIAN (BUT NOT ON SHOULDER)  08.ISLAND  09.SHOULDER  10.SIDEWALK  11.WITHIN 10 FEET OF ROADWAY (BUT NO SHOULDER, MEDIAN, SIDEWALK, OR ISLAND)  12.BEYOND 10 FEET OF ROADWAY (WHICH TRAFFICWAY)  13.OUTSIDE TRAFFICWAY  14.SHARED USE PATHS OR TRAILS  15.UNKNOWN</p>		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="01"/> B <input type="text"/> <p><b>MOTORIST</b></p> 01.NONE 02.FAILURE TO YIELD 03.RAN RED LIGHT, OR STOP SIGN 04.EXCEEDED SPEED LIMIT 05.UNSAFE SPEED 06.IMPROPER TURN 07.LEFT OF CENTER 08.FOLLOWED TOO CLOSELY/ACDA 09.IMPROPER LANE CHANGE/DROVE OFF ROAD/IMPROPER PASSING 10.IMPROPER BACKING 11.IMPROPER START FROM PARKED POSITION 12.STOPPED OR PARKED ILLEGALLY 13.OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14.SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15.FAILURE TO CONTROL 16.VISION OBSTRUCTION 17.DRIVER INATTENTION 18.FATIGUE/ASLEEP 19.OPERATING DEFECTIVE EQUIPMENT 20.LOAD SHIFTING/FALLING/SPILLING 21.OTHER IMPROPER ACTION 22.UNKNOWN <b>NON-MOTORIST</b> 23.NONE 24.IMPROPER CROSSING 25.DARTING 26.LYING AND/OR ILLEGALLY IN ROADWAY 27.FAILURE TO YIELD RIGHT OF WAY 28.NOT VISIBLE (DARK CLOTHING) 29.INATTENTIVE 30.FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS OR OTHER 31.WRONG SIDE OF THE ROAD 32.OTHER 33.UNKNOWN	<b>TRAFFIC CONTROL</b> A <input type="text" value="01"/> B <input type="text"/> <p>01.NO CONTROLS  02.STOP SIGN  03.YIELD SIGN  04.TRAFFIC SIGNAL  05.TRAFFIC FLASHERS  06.SCHOOL ZONE  07.RAILROAD CROSSBUCKS  08.RAILROAD FLASHERS  09.RAILROAD GATES  10.CONSTRUCTION BARRICADE  11.POLICE OFFICER  12.PAVEMENT MARKINGS  13.CROSSWALK LINES  14.WALK/DON'T WALK  15.TRAFFIC CONTROL DEVICE  16.OPERATIVE, MISSING, OBSCURED  17.NOT REPORTED</p>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> <p>1.NONE  2.BLOOD  3.URINE  4.OTHER</p>											
<b>TYPE OF UNIT</b> A <input type="text" value="05"/> B <input type="text"/> <p><b>MOTORIST</b></p> 01.SUB-COMPACT 02.COMPACT 03.MID SIZED 04.FULL SIZE 05.MINIVAN 06.SPORT UTILITY VEHICLE 07.PICKUP 08.PANEL VAN 09.SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10.SINGLE UNIT TRUCK; 3 OR MORE AXLES 11.TRUCK/TRAILER 12.TRUCK TRACTOR (BOBTAIL) 13.TRACTOR/SEMI-TRAILER 14.TRACTOR/DOUBLE - SHORT 15.TRACTOR DOUBLE - LONG 16.FIFTH WHEEL OR CONVERTER DOLLY 17.TRACTOR/TRIPLES 18.MOTORCYCLE 19.MOTORIZED BICYCLE 20.SCHOOL BUS 21.CHURCH BUS 22.PUBLIC BUS 23.OTHER BUS 24.POLICE VEHICLE 25.FIRE TRUCK 26.AMBULANCE/RESCUE 27.TAXI 28.MOTOR HOME 29.TRAIN 30.FARM VEHICLE 31.FARM EQUIPMENT 32.SNOWMOBILE 33.CONSTRUCTION EQUIPMENT 34.ALL OTHERS <b>NON-MOTORIST</b> 35.ANIMAL W/RIDER 36.ANIMAL W/BUGGY 37.BICYCLE 38.PEDESTRIAN 39.PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40.SKATER 41.OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42.UNKNOWN		<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/> <p>01.TURN SIGNALS  02.HEAD LAMPS  03.TAIL LAMPS  04.BRAKES  05.STEERING  06.TIRE BLOWOUT  07.WORN OR SLICK TIRES  08.TRAILER EQUIPMENT DEFECTIVE  09.MOTOR TROUBLE  10.DISABLED FROM PRIOR ACCIDENT  11.OTHER DEFECTS  12.NO DEFECTS</p>	<b>DIRECTION</b> <table style="width:100%;"> <tr> <td style="width:50%;">FROM TO</td> <td style="width:50%;">FROM TO</td> </tr> <tr> <td>A <input type="text" value="3"/> <input type="text" value="4"/></td> <td>B <input type="text"/> <input type="text"/></td> </tr> </table> <p>1.NORTH  2.SOUTH  3.EAST  4.WEST  5.NORTHEAST  6.NORTHWEST  7.SOUTHEAST  8.SOUTHWEST  9.UNKNOWN</p>	FROM TO	FROM TO	A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text"/> <input type="text"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table style="width:100%;"> <tr> <td style="width:50%;">1 <input type="text" value="1"/> 2 <input type="text" value="1"/></td> <td style="width:50%;">1 <input type="text"/> 2 <input type="text"/></td> </tr> <tr> <td>A <input type="text"/></td> <td>B <input type="text"/></td> </tr> </table> <p>1.NONE  2.MARIJUANA  3.COCAINE  4.OPIATES  5.AMPHETAMINES  6.PCP  7.OTHER  8.UNKNOWN AT TIME OF REPORTING</p>	1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text"/> 2 <input type="text"/>	A <input type="text"/>	B <input type="text"/>			
FROM TO	FROM TO														
A <input type="text" value="3"/> <input type="text" value="4"/>	B <input type="text"/> <input type="text"/>														
1 <input type="text" value="1"/> 2 <input type="text" value="1"/>	1 <input type="text"/> 2 <input type="text"/>														
A <input type="text"/>	B <input type="text"/>														
<b>POINT OF IMPACT</b> A <input type="text" value="08"/> B <input type="text"/> <p>01.NONE  02.CENTER FRONT  03.RIGHT FRONT  04.RIGHT SIDE  05.RIGHT REAR  06.REAR CENTER  07.LEFT REAR  08.LEFT SIDE  09.LEFT FRONT  10.TOP AND WINDOWS  11.UNDERCARRIAGE  12.LOAD TRAILER  13.TOTAL (ALL AREAS)  14.OTHER  15.UNKNOWN</p>	<b>MOST DAMAGED AREA</b> A <input type="text" value="08"/> B <input type="text"/> <p>01.NONE  02.CENTER FRONT  03.RIGHT FRONT  04.RIGHT SIDE  05.RIGHT REAR  06.REAR CENTER  07.LEFT REAR  08.LEFT SIDE  09.LEFT FRONT  10.TOP AND WINDOWS  11.UNDERCARRIAGE  12.LOAD TRAILER  13.TOTAL (ALL AREAS)  14.OTHER  15.UNKNOWN</p>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text"/> <p>1.APPARENTLY NORMAL  2.PHYSICAL IMPAIRMENT  3.EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)  4.ILLNESS  5.FELL, ASLEEP, FAINTED, FATIGUED, ETC  6.UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  7.OTHER  8.UNKNOWN</p>	<b>TYPE OF INTERSECTION</b> <input type="text" value="10"/> <p>01.NOT AN INTERSECTION  02.FOUR-WAY INTERSECTION  03.T-INTERSECTION  04.Y-INTERSECTION  05.TRAFFIC CIRCLE/ROUNDABOUT  06.FIVE-POINT, OR MORE  07.ON RAMP  08.OFF RAMP  09.CROSSOVER  10.DRIVEWAY  11.RAILWAY GRADE CROSSING  12.SHARED-USE PATHS OR TRAILS  13.UNKNOWN</p>											
<b>ACTION</b> A <input type="text" value="4"/> B <input type="text"/> <p>1.NON-CONTACT  2.NON-COLLISION  3.STRIKING  4.STRUCK  5.BOTH STRICKING AND STRUCK  6.UNKNOWN</p>	<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text"/> <p>1.NO  2.YES  3.UNKNOWN</p>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text"/> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text"/> <p>1.NONE  2.YES ALCOHOL SUSPECTED  3.YES - HBD NOT IMPAIRED  4.YES - DRUGS SUSPECTED  5.YES - ALCOHOL AND DRUGS SUSPECTED  6.UNKNOWN</p>	<b>OCURRENCE</b> <input type="text" value="6"/> <p>1.ON ROADWAY  2.ON SHOULDER  3.IN MEDIAN  4.ON ROADSIDE  5.ON GORE  6.OUTSIDE TRAFFICWAY  7.UNKNOWN</p>											
<b>DAMAGE SCALE</b> A <input type="text" value="4"/> B <input type="text"/> <p>1.NONE  2.NON-FUNCTIONAL  3.FUNCTIONAL DAMAGE  4.DISABLING DAMAGE  5.SEVERE  6.UNKNOWN</p>	<b>STRIKING VEHICKE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text"/> <p>1.NO UNDERRIDE OR OVERRIDE  2.UNDERRIDE, COMPARTMENT INTRUSION  3.UNDERRIDE, NO COMPARTMENT INTRUSION  4.UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN  5.OVERRIDE, MOTOR VEHICLE IN TRANSPORT  6.OVERRIDE, OTHER VEHICLE  7.UNKNOWN IF UNDERRIDE OR OVERRIDE</p>	<b>SPEED DETECTED</b> A <input type="text"/> B <input type="text"/> <p>1.STATED  2.ESTIMATED</p>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text"/> <p>1.NONE GIVEN  2.TEST REFUSED  3.TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4.TEST GIVEN, RESULTS KNOWN  5.TEST GIVEN, RESULTS UNKNOWN  6.UNKNOWN</p>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <p>1.STRAIGHT LEVEL  2.STRAIGHT GRADE  3.CURVE LEVEL  4.CURVE GRADE  5.UNKNOWN</p>											
<b>DAMAGE AREA</b> A <input type="text" value="4"/> B <input type="text"/> <p>1.NONE  2.NON-FUNCTIONAL  3.FUNCTIONAL DAMAGE  4.DISABLING DAMAGE  5.SEVERE  6.UNKNOWN</p>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text"/> <p>1.NONE  4.BREATH  2.BLOOD  5.OTHER  3.URINE</p>	<b>SPEED</b> A <input type="text" value="0"/> B <input type="text"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>ROAD CONDITION</b> 01.DRY 02.WET 03.SNOW 04.ICE 05.SAND/MUD/DIRT/OIL/GRAVEL 06.WATER (STANDING, MOVING) 07.SLUSH 08.DEBRIS 09.RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10.OTHER 11.UNKNOWN											
<input type="checkbox"/> SUPPLEMENT 'X' IF YES		<b>LOCAL REPORT #</b> 10CR 22 05													

**NARRATIVE**

RESPONDED TO A CRASH WITH NO INJURY AT THE LOCATION LISTED ABOVE. ARRIVED ON SCENE OBSERVED NO PROPERTY DAMAGE AT APARTMENT COMPLEX. OWNER OF VEHICLE WAS NOT PRESENT IN VEHICLE AT TIME OF ARRIVING ON SCENE. OWNER STATED WHILE NOT IN VEHICLE BRAKES FAILED THEN VEHICLE ROLLED BACK INTO UTILITY POLE LOCATED IN THE PARKING LOT. DAMAGE WAS PRESENT ON THE INSIDE OF DRIVER DOOR NOT ALLOWING DOOR TO CLOSE. DURING INVESTIGATION OBSERVED VEHICLE NO LONGER STARTED. ADVISED OWNER OF VEHICLE TO CHECK ON RECALLS FOR EQUIPMENT FAILURE.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> <b>1</b> 1. NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2. REAR-END 3. HEAD-ON 4. REAR-TO-REAR 5. BACKING 6. ANGLE 7. SIDESWIPE SAME DIRECTION 8. SIDESWIPE OPPOSITE DIRECTION 9. UNKNOWN	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN
<b>WEATHER</b> <input checked="" type="checkbox"/> <b>02</b> 01. CLEAR 02. CLOUDY 03. FOG/SMOG/SMOKE 04. RAIN 05. SLEET/HAIL (FREEZING RAIN OR DRIZZLE) 06. SNOW 07. SEVERE CROSSWINDS 08. BLOWING SAND/SOIL/DIRT/SNOW 09. OTHER 10. UNKNOWN	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES 3. UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> <b>1</b> SECONDARY <input type="checkbox"/> 1. DAYLIGHT 2. DAWN 3. DUSK 4. DARK - LIGHTED ROADWAY 5. DARK - ROADWAY NOT LIGHTED 6. DARK - UNKNOWN ROADWAY LIGHTING 7. GLARE 8. OTHER 9. UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER
<b>LOC ATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN



<b>TRUCK/BUS</b> UNIT # <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR N. A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR D. A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	THE CRASH RESULTED IN ONE OF THE FOLLOWING: A. A FATALITY; OR N. AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR D. AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
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COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01. NOT APPLICABLE <input type="checkbox"/> 02. BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03. VAN/ENCLOSED BOX <input type="checkbox"/> 04. GRAIN/CHIPS/GRAVEL	<input type="checkbox"/> 05. POLE <input type="checkbox"/> 06. CARGO TANK <input type="checkbox"/> 07. FLATBED <input type="checkbox"/> 08. DUMP <input type="checkbox"/> 09. CONCRETE MIXER	<input type="checkbox"/> 10. AUTO TRANSPORTER <input type="checkbox"/> 11. GARBAGE/REFUSE <input type="checkbox"/> 12. OTHER <input type="checkbox"/> 13. UNKNOWN	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1. LESS EQUAL 10,000 <input type="checkbox"/> 2. 10,001 - 26,000 <input type="checkbox"/> 3. MORE THAN 26,000	<b>CDL CLASS</b> <input type="checkbox"/> 1. CLASS A <input type="checkbox"/> 2. CLASS B <input type="checkbox"/> 3. CLASS C <input type="checkbox"/> 4. CLASS D <input type="checkbox"/> 5. CLASS E	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	<b>HAZARDOUS MATERIALS RFI FASED</b> <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. NOT APPLICABLE <input type="checkbox"/> 4. UNKNOWN	

**POLICE ACTION**

DATE CRASH REPORTED <b>5/16/2010</b>	TIME REC CALL <b>15:57</b>	DISPATCH <b>15:57</b>	ARRIVED <b>16:02</b>	CLEARED <b>16:15</b>	OTHER <b>0</b>	TOTAL MINUTES <b>18</b>
OFFICER'S NAME <b>OFC. B. MEESE</b>		BADGE # <b>4W20</b>	CHECKED BY <b>4W85</b>	DATE REPORT FILED <b>5/16/2010</b>		
REPORT TAKEN BY <input checked="" type="checkbox"/> <b>1</b> 1. POLICE AGENCY 2. MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> <b>1</b> 1. SCENE 2. STATION 3. OTHER	SUPPLEMENT 'X' IF YES <input type="checkbox"/>		LOCAL REPORT # <b>10CR 22 05</b>		